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Bib Data Sheet

CONFIRMATION NO. 5322

SERIAL NUMBER 09/435,507	FILING DATE 11/08/1999 RULE	CLASS 034	GROUP ART UNIT 3622	ATTORNEY DOCKET NO. 0198						
APPLICANTS ANTHONY V. CRUZ, WESTLAKE VILLAGE, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/14/1999										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1					
ADDRESS ROGER S DYBVIG 22 GREEN STREET DAYTON , OH 45402										
TITLE PORTABLE ELECTRIC HAIR DRYER AND MOUNT THEREFOR										
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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SERIAL NUMBER 09/435,507	FILING DATE 11/08/1999 RULE -	CLASS 034	GROUP ART UNIT 3744	ATTORNEY DOCKET NO. 0198
APPLICANTS ANTHONY V. CRUZ, WESTLAKE VILLAGE, CA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/14/1999 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Steve Horvath</i> Verified and Acknowledged <i>Steve Horvath</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 16
			INDEPENDENT CLAIMS 1	
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